1305096

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OC 1 0 4 2004



Filing Under (Check box(e Type of Filing: [X] New Fi		[X] Rule 506 [	] Section 4(6)	[ ] ULOE	
	A. BASIC IDEN	NTIFICATION DATA			
I. Enter the information rec	uested about the issuer				
-	is is an amendment and name has changed, and indicant Fund Limited Partnership	ite change.)			
Address of Executive Office/o Advent International	es (Number and Street, City, State, Zip Code) Corporation, 75 State Street, Boston MA 02109	Telephone Number (Including Area Code) (617) 951-9400			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A			Telephone Number (Including Area Code)		
	, and make investments in the securities of, private	ely held and publicly listed	central and easter	n European companies.	
Type of Business Organiza  [ ] corporation [ ] business trust	ion [X] limited partnership, already formed [ ] limited partnership, to be formed	[ ] other (ple	ease specify):	PROCESSED	
	Mont			OCT 0 5 2004	
	Incorporation or Organization: [0] [ n or Organization: (Enter two-letter U.S. Postal Servic CN for Canada; FN for other foreign juri	ce abbreviation for State:	nal [] Estimated	THOMSON	

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA

### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if Advent International Corpo	,				
Business or Residence Addres 75 State Street, Boston MA		et, City, State, Zip Code):			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[X] General and/or Managing Partner
Full Name (Last name first, if ACEE III GP Limited Partn					
Business or Residence Addres. 75 State Street, Boston MA	•	et, City, State, Zip Code):			
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if Bullshead I, LLC	individual) :				
Business or Residence Address c/o JPMorgan Chase Bank, 3				45	
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if	individual) :				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code):			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if	individual):				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code):			
Check Box(es) that Apply:	[] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if	individual) :			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address	(Number and Stree	t, City, State, Zip Code):			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if	individual):				
Business or Residence Address	(Number and Street	t, City, State, Zip Code):			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					]	B. INFORM	AATION A	BOUT OF	FERING			
2. What 3. Does 4. Enter similar associat dealer, I	the offering the information the information the information the information of the information of the information that is a second to tha	imum invented in the second in	stment that bint owners ested for ea citation of p a broker or	will be accoming the person with the person wi	Answer also cepted from gle unit? who has been n connection istered with	any individual in any individual individual in any individual individual in any individual ind	lix, Column lual? paid or gives of securitied/or with a	en, directly sin the offestate or state	or indirectly ering. If a pees, list the na	, any commerson to be	listed is an	Yes No [ ] [ X ]  \$ N/A  Yes No [ ] [ X ]
			f individual	)								
	s or Reside	ence Addre	ss (Number	and Street	, City, State	, Zip Code	)					
Name o	f Associate	d Broker o	r Dealer						-			
(Check	"All States	" or check	individual :	States)				(50)	(EL )		] All States	(ID)
(AL) (IL) [MT] (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nar	ne (Last na	ame first, it	individual	)								<del></del>
Busines	s or Reside	nce Addre	ss (Number	and Street,	, City, State	, Zip Code)						
Name of	f Associate	d Broker o	r Dealer									
			Has Solici individual S [AR] [KS] [NH]		nds to Solici [CO] [LA] [NM] [UT]	it Purchaser [CT] [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	(DC) [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[ [GA] [MN] [OK] [WI]	] All States [HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nar	ne (Last na	ıme first, if	individual)	)								<del></del>
Business	or Reside	nce Addres	s (Number	and Street,	City, State	Zip Code)				_	***************************************	
Name of	Associate	d Broker o	r Dealer				-					
(Check " [AL]			Has Solici ndividual S [AR]		eds to Solici	t Purchaser	s [DE]	[DC]	[FL]	[ [GA]	] All States [HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES AND USE OF	PROCEEDS		
1. Enter the aggregate offering price of securities included in this offering and the total amount 10" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security		Aggregate Offering Price		Amount Already Sold
Debt	\$	0	\$	0
Equity	<b>s</b> <sup>-</sup>	0	s _	0
[ ] Common [ ] Preferred	-			
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	s <sup>-</sup>	30,000,000	\$	20,202,020
Other (Specify).	\$ _	0	s _	0
Total	\$ _	30,000,000	\$	20,202,020
Answer also in Appendix, Column 3, if filing under ULOE.	_			
he aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the numl lave purchased securities and the aggregate dollar amount of their purchases on the total lines. It is "none" or "zero."	Enter "0" if answer		Doll	regate ar Amount
	Nur	nber Investors		urchases
Accredited Investors		<u> 2</u>	\$	20,202,020
Non-accredited Investors		0	\$ -	0
Total (for filings under Rule 504 only)		0	\$ _	0
Answer also in Appendix, Column 4, if filing under ULOE.				
. If this filing is for an offering under Rule 504 or 505, enter the information requested for all sessuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of ffering. Classify securities by type listed in Part C-Question 1.				
Type of offering	Тур	e of Security	Doll Sold	ar Amount
Rule 505		0	\$	0
Regulation A		0	— <u>s</u> –	0
Rule 504		0	_ <sub>s</sub> -	0
Total	_	0	s _	0
a. Furnish a statement of all expenses in connection with the issuance and distribution of the saffering. Exclude amounts relating solely to organization expenses of the issuer. The information ubject to future contingencies. If the amount of an expenditure is not known, furnish an estimate of the left of the estimate.	n may be given as			
Transfer Agent's Fees		ŧ	] \$	0
		<u> </u>	: . <del>-</del>	·

Printing and Engraving Costs ..... []\$ 5,000 [X] \$ Legal Fees ..... []\$ 0 Accounting Fees []\$ Engineering Fees []\$ 0 Sales Commissions (specify finders' fees separately) ...... []\$ 0 Other Expenses (identify) ...... 5,000 [X] \$

\$ 29,995,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments Officers, Directors Affiliates	, &	Paymer Others	nts To
Salaries and fees	[] \$	_0	[] \$ _	
Purchase of real estate	[] \$	0	[] \$	0
Purchase, rental or leasing and installation of machinery and equipment	[]\$	0	[]\$	0
Construction or leasing of plant buildings and facilities	[] \$ [	0	[] \$	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$	0		0
Repayment of indebtedness	[] \$	0	[]	0
Working capital	[] \$	0	[]	0
Other (specify): To provide risk capital for, and make investments in the securities of, privately held and publicly listed central and eastern European		Δ.		29,995,000
companies	[] \$		<del></del>	
Column Totals	[] \$	0	[X] \$_	29,995,000
Total Payments Listed (column totals added)		[X] <b>\$</b> _	29,995,00	0

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
ACEE III-C Co-Investment Fund Limited Partnership	ACEE III-C Co-Investment Fund Limited Partnership By: ACEE III GP Limited Partnership, General Partner By: Advent International LC, General Partner By: Advent International Corpotation, Manager  By:	September 24, 2004
Name of Signer (Print or Type)	Title of Signer (Phint or Type)	
Janet L. Hennessy	Vice President and Treasurer	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)